		and Welfare	

Health and Welfare Agency 2-PP-11 STEAM SLAB (Form designed for use on elite (12-pitch) typewriter.)

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Department of Health Services Toxic Substances Control Division Sacramento, California

. Generator's Name and Mailing A	ddress Douglas	Aircraft		1 of A. Sta	law. te Manifest Doc	ument N	umber
. Generator's Phone (533–667	190th &	Normandie CA 90502			62343 te Generator's 1 008651000	na-	HQ-36-0056
. Transporter 1 Company Name		6. US EPA	ID Number	500000000000000000000000000000000000000	te Transporter's	STANDS MADE TO SERVE	94745
J. C. Liquid Waste	Disposal	CIAIDIOI518101	1 8 3 6 7		nsporter's Phon	8087. A. A. B.	268-3137 ···
'. Transporter 2 Company Name		I I I I I I I			te Transporter's nsporter's Phon		
Designated Facility Name and Si CHEM-TECH SYSTEMS, 3650 E. 26th St. Vernon, CA 90023		10. US EPA		G. Star CAT H. Fac 213	te Facility's ID 108003368 Hitty's Phone 3/268-313	7	
1. US DOT Description (Including P	roper Shipping Name, Ha	zard Class, and II) Number	r) 12. Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
Hazardous Waste Li	audd NOS ODM_F	NA9189	001	TT	08000	G	221
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la sa Albanta - Santan San Albantan Santan San					1111		
	植物沙兰				1111		
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. Additional Descriptions for Mate	rials Listed Above			K. Han	dling Codes for	Wastes	Listed Above
Alkaline Soap 5	3%						
011 3 Water 90					01	!	
011 3	1% 0% d Additional Information	Guide #31 - Return to DAC	if rejecte	ıd	0,		
Of1 Water 90 5. Special Handling Instructions and Use gloves, goggle 6. GENERATOR'S CERTIFICATION: I proper shipping name and are cla according to applicable internation Unless I am a small quantity g under Section 3002(b) of RCRA, have determined to be economi minimizes the present and future Printed/Typed Name	d Additional information es, respirator hereby declare that the cassified, packed, marked, onal and national governmenerator who has been it also certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had ically practicable and I had a certify that I had a certified the certified that I had a c	ontents of this consignme and labeled, and are in all nent regulations. exempted by statute or real and the environment. Signature	nt are fully and acc respects in proper regulation from the reduce the volume	urately of condition duty to and too	on for transport o make a waste cicity of waste	by highw minimiz generate	ration certification od to the degree able to me which
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State of California—health and Welfare Agency